Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1988

Department of Health and Fitness

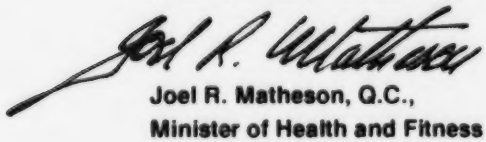
To His Honour,
The Honourable Alan R. Abraham, C.D.,
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1988.

I have the honour to be, Sir,

Your most obedient servant,



Joel R. Matheson, Q.C.,
Minister of Health and Fitness

To the Honourable Joel R. Matheson,
Minister of Health and Fitness,
Province of Nova Scotia

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health and Fitness for the year ending March 31, 1988.

Health unit and division reports are abridged versions of the complete reports, which are available in the Department.

I have the honour to be, Sir,

Your obedient servant,

Wayne J. Grady,
Deputy Minister

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DEPARTMENT OF HEALTH AND FITNESS

This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various divisions within the Department. It is intended to give a brief overview of the Department's activities in the province during the year 1987-88. For those who would like further information on these activities, health units and divisions within the Department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1987-88 the Department of Health and Fitness organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	-	Health Care Institutions
Administrator	-	Psychiatric Mental Health Services
Administrator	-	Community Health Services
Administrator	-	Finance
Administrator	-	Information Systems & Research
Director	-	Vital Statistics
Director	-	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The Division is responsible for the Department's programs and services to health care institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring of general hospital operations and standards
- review of availability, accessibility and utilization of hospital services by the community
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals
- hospital services planning

The province, for the purposes of planning and reviewing hospital services is divided into nine regions. Three regional directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to the Nova Scotia Rehabilitation Centre, Highland View, St. Martha's and Queens General Hospitals during the 1987-88 fiscal period. Team visits begin with a review and clarification of hospital performance on a department by department basis. During the visit the Department of Health and Fitness is represented by the administrator, regional director and staff consultants from the Health Care Institutions Division and Finance and Systems Research. Along with the hospital administrator and department heads, the hospital is also usually represented by board members and medical staff who attend all or part of the sessions. These visits continue to be well received as they assist in clarifying the hospital's role, identifying problem areas and provide an open forum for discussion and understanding between the Department of Health and Fitness and the hospital.

Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital and/or the Department of Health and Fitness. Every effort is made to keep close contact with hospitals so that a clear understanding of the situations faced by hospitals and the Department is maintained and problems are resolved.

Divisional staff are members of various national and regional committees on such topics as; Workload Measurement and Productivity Improvement; the Management Information System project; professional associations; health services standards; energy conservation; construction standards and design and safety; regional and national health services policy advisory groups, such as, therapeutics, pharmaceuticals, radiotherapy, respirology, dietetics and purchasing. With the exception of the administrator of the Division, the time commitment to these committees is not extensive but does allow for input from staff to regional and national programs on policy development, as well as maintaining professional contacts for information sharing and co-ordination.

The Nova Scotia Association of Dietitians recognized the work of Barbara Leonard, former dietary consultant with the Division, by naming her Dietitian of the Year for 1986.

A number of staff appointments were made during the year. A new Consultant in Materials Management and Purchasing; a Senior Consultant directing the implementation of the M.I.S. guidelines and the development of a province wide nursing workload measurement system; and a Co-ordinator of Health Facilities Planning

The Department worked closely with hospitals and various regulatory bodies to resolve concerns with respect to hospital waste disposal.

The program to upgrade fire detection and protection systems in hospitals is nearing completion.

The Post Occupancy Evaluation Program completed assessments of Northside, Glace Bay General and Colchester Hospitals construction projects. Information gained will be used to improve planning and design guidelines for future projects.

The Surplus Retention Program established in 1986-87 as an incentive to hospitals to find more efficient methods of delivering care, has begun to show results. During 1987-88 the Department received requests for retention of surpluses totalling $1.5 million. The retention and allocation of surpluses are subject to approval by the Department.

A number of hospitals are planning or are completing improvements to their facilities.

ABERDEEN HOSPITAL completed a Master Plan and Functional Program for its Phase II redevelopment.

COLCHESTER HOSPITAL prepared a Master Program for its Phase II redevelopment.

HIGHLAND VIEW REGIONAL HOSPITAL proceeded with a Functional Program for a new facility.

SYDNEY CITY, ST. RITA and *CAPE BRETON HOSPITALS* completed a Master Program and Functional Program for a new 425 bed facility.

INVERNESS, SACRED HEART and *VICTORIA COUNTY HOSPITALS* worked together in the development of Role Studies for their facilities.

Construction of new hospital buildings for *GUYSBOROUGH MEMORIAL* and *BAYVIEW HOSPITALS* was announced during the year with completion at both facilities anticipated in 1988-89.

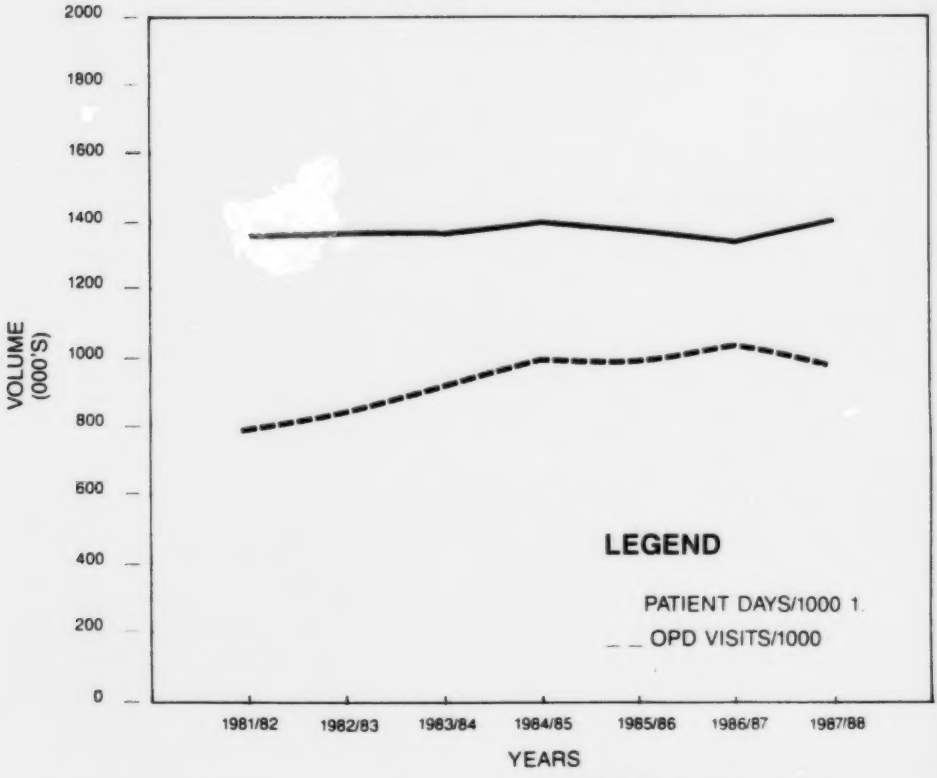
12 DEPARTMENT OF HEALTH AND FITNESS

Construction began on Phase III of the *DARTMOUTH GENERAL HOSPITAL*. This project will provide additional in-patient capacity, an upgraded intensive care unit and additional space for several diagnostic and therapeutic services.

A new ambulatory care wing is being constructed at *QUEENS GENERAL HOSPITAL* providing improved space for out-patient nursing as well as laboratory, radiology and physiotherapy services.

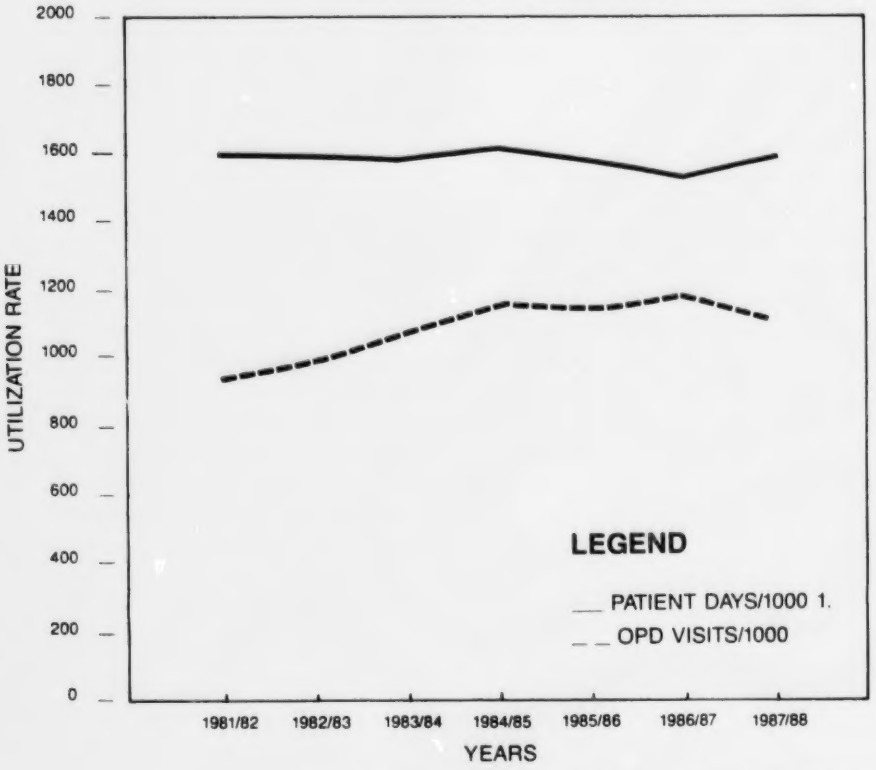
Use of in-patient and out-patient hospital services from 1981-82 to 1987-88 is shown on the two following graphs. The total number of patient days in hospital and out-patient (OPD) visits to hospital are shown in the first graph. The second graph shows the same information in terms of days and visits per 1000 Nova Scotians in each year. Out-patient visits continue to grow at a substantial rate reflecting both new services offered by hospitals and some substitution of newer treatments for treatments that would have required admission to hospitals in the past. A slight decline in the number of patient days reflects the substitution of out-patient for in-patient services and other changes in medical practice such as the increasing use of day surgery.

HOSPITAL SERVICES – UTILIZATION
1981/82 – 1987/88



1. A&C Days at General Hosp.
2. Organized OPD & Emergency Visits.

HOSPITAL SERVICES – RATES/1000 POP.
1981/82 – 1987/88



1. About 3.5% of patient days are by non-residents of N.S.

PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

One of the strategic planning priorities of the Department of Health and Fitness is to improve psychiatric mental health care in the regional hospitals and in tertiary, long-term care, adolescent and forensic services. In striving to achieve the objective, the Division of Psychiatric Mental Health Services continues to plan and develop comprehensive community mental health services on a regional basis.

The Division currently funds eight psychiatric mental health services in the regional hospitals; two psychiatric hospitals; the Atlantic Child Guidance Centre in Halifax, with branches in Dartmouth and Sackville, as well as the Izaak Walton Killam Hospital for Children; the Victoria General Hospital and Camp Hill Medical Centre. In addition to these services, the Division is pleased with the creation of two coordinator positions for Children and Adolescent Services to report jointly to the Departments of Community Services and Health and Fitness.

The principle highlights of the year were as follows:

ATLANTIC CHILD GUIDANCE CENTRE

A highly successful Volunteer Program has been initiated at the Centre. The volunteers, among many projects, are assisting with library and cataloguing services, preparation of volunteer policies and procedures as well as working on a preventative program in child abuse. The Centre is looking forward to its continued growth. The Centre is also an active participant in the Metropolitan Inter Facility Referral Review or Redirection (MIRROR) Committee.

CAPE BRETON HOSPITAL

A new regional hospital for Cape Breton has been approved and the Cape Breton Hospital will be a part of the new regional facility. The Functional Program has been approved and planning continues. The New Waterford Clinic will be moved to the nurses residence.

NOVA SCOTIA HOSPITAL

Both the Chief Executive Officer and the Medical Director positions have been confirmed. The plans for a proposed new Extended Care Facility on the Hospital grounds have been approved. The Dalhousie Department of Psychiatry has approved a geographic full time position to be located at the Hospital.

HIGHLAND VIEW REGIONAL HOSPITAL

The Centre continues to operate satellites in South Cumberland and All Saints Hospitals. There is an increased demand for children's services and a visiting team is regularly going to Parrsboro. Planning continues for the enhancement of the Hospital.

CAMP HILL HOSPITAL

With the merger of Camp Hill Hospital and the Halifax Infirmary there will be one Psychiatrist-in-Chief for the amalgamated Departments of Psychiatry. Planning is underway for a combined Camp Hill-Halifax Infirmary consultation/liaison service. The out-patient department continues to assess approximately 140 new patients per month.

COLCHESTER HOSPITAL

As planning continues for the Regional Hospital there are ongoing discussions regarding the development of an in-patient psychiatric unit. This will complement the present out-patient and partial hospitalization programs.

SOUTH SHORE REGIONAL HOSPITAL

Construction has been completed on the new Regional Hospital. It is anticipated that the in-patient psychiatric unit will be opened in September, 1988, followed by the establishment of a day hospital.

ST. MARTHA'S HOSPITAL

Having finalized the functional program for the psychiatric mental health services, it is anticipated that the in-patient unit will be opening in September. Staff training has been initiated in preparation for this.

VALLEY HEALTH SERVICES ASSOCIATION

The sod has been turned for the new Regional Hospital in Kentville and will include a 30 bed in-patient psychiatric unit. There are now two day hospitals, one for active treatment, and one for long-term patients. The Hospital is also pleased to welcome its first medical student.

VICTORIA GENERAL HOSPITAL

The in-patient unit is providing specialized programs for persons with eating disorders, refractory depression and developing a neuropsychiatry program. A consultation/liaison service is available to the other areas of the Hospital.

YARMOUTH REGIONAL HOSPITAL

The in-patient unit has been increased to seventeen beds. A reorganization of the Day Hospital from a therapeutic community approach to a psycho-educational model has been most successful. Three new psychiatrists have been recruited. A successful in-service training program was held for the in-patient nursing staff, as well as a program for continuing education.

METROPOLITAN MENTAL HEALTH PLANNING BOARD (MMHPB)

The MMHPB has approximately fifteen committees and sub-committees meeting on a regular basis. These committees have identified priorities for new developments in mental health services in metro. Activities include an article outlining the roles and admitting policies of the metro psychiatric hospitals' services for publication in the Journal of the Medical Society of Nova Scotia; the Metropolitan Interfacility Referral Review or Redirection (MIRROR) Committee was initiated to establish a process of reviewing difficult children's cases. In addition to these and many other projects, the Board is concentrating on a project for day programming for chronically disabled individuals and in providing continued support for the extended care unit.

STATISTICS

The Division is currently attempting to develop a refined system for data collection, giving more meaningful demographics and in addition is encouraging facilities to look at workload measurement systems.

SENIOR STAFF MEETINGS

Two Senior Staff Meetings were held during the year with all administrators and medical directors from all mental health and psychiatric services, as well as representatives of the Metropolitan Mental Health Planning Board and the Nova Scotia Mental Health Association.

CONSULTATION

The Division consultants continue to provide internal and external consultation in their respective areas of expertise.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

COMMUNITY HEALTH NURSING DIVISION

Community Health Nursing priorities are the promotion of health and the prevention of illness for all Nova Scotians. Attainment of these priorities is through provision of service to clients (individuals, families or communities) by Community Health Nurses and Certified Nursing Assistants. Within the seven Health Units, approximately 200 staff are employed and are located in 60 offices. This year continues to witness a significant change in staff and in the re-evaluation of programs.

Family Health provides education and service to a variety of populations. The pre-natal population receives services through classes (approximately 24,000 contacts) and home visits (5,000 contacts); the post-partum population (approximately 12,000 contacts) is educated through home visiting. As well, services such as nutrition, child supervision and assessment are provided to families.

School and Health Promotion services are provided by Community Health Nurses. Educational sessions on a variety of topics such as pediculosis, AIDS, personal hygiene, lifestyle and communicable disease are provided to students, teachers and parents. Peer Assisted Learning Smoking Prevention Program (PAL) has been implemented provincially and has met with great success. In addition, screening services which include Enhanced Vision and Hearing Screening are provided to the pre-school and referred student population.

The Immunization/Communicable Disease Control Programs continue to be busy with the introduction of Haemophilus Influenza Type B vaccine. Provision of immunization, surveillance of communicable disease, specimen collection and education are also provided by Community Health Nursing staff.

With the Provincial Home Care Program being announced in June, 1987, the Community Health Nursing Division has been actively involved in the development of the Program. Presently, at the local level, home nursing/personal care services are provided through approximately 90,000 visits to clients. Seniors comprise a large component of the population served by Community Health Nursing. A Pilot Project on Active Aging has been implemented which addresses four areas: aging, nutrition, activity and mental health.

Follow-up assessment within the Mental Health/Psychiatric Program continues with approximately 9,000 contacts being made.

As well, professional development programs continue to be offered to Community Health Nursing staff to ensure professional and current practice.

HEALTH PROMOTION DIVISION

The Department's health education and promotion programs are designed to improve the health status of the population by focusing on the major preventable health promotion issues. Programs are developed in consultation with health related agencies/organizations and professional associations throughout the province. It is through these promotional activities that Nova Scotians will realize a decrease in the level of morbidity; an increase in longevity; and an improved quality of life with a significant reduction in the long term health care costs.

The major health promotion issues for 1987-88 include:

AIDS - Get the facts on AIDS was the message contained in the Department's television campaign initiated in February, 1988. Two 30 second television advertisements were produced and went to the airwaves during February and March. Over 200,000 pieces of print information on AIDS were distributed to the general public and health professionals.

SMOKING AND HEALTH - Throughout January the Department co-operated with the Nova Scotia Council on Smoking and Health in airing a 30 second television advertisement entitled "Break Free". This ad was targeted at youth and designed to persuade young people not to start or to break their smoking habit.

Over 30 groups throughout the province participated in the Department's "Weedless on Wednesday Corporate Challenge" which is conducted as part of the January 1987 National Non-Smoking Week activities.

Community Health Nurses again offered a variety of educational activities, displays and contests to reinforce the non-smoking message with school age children. Community Health nurses also held an in-service with grade six teachers and distributed the Peer Assisted Learning (PAL) kits. It is anticipated that 90% of grade six teachers will have received this in-service by March, 1989.

In its efforts towards establishing smoke-free work environments, early in 1987 the Department formalized its no-smoking policy within its facilities. Throughout 1987, smoking was permitted in designated areas only. A draft no-smoking policy for hospitals was also developed and distributed to all hospitals throughout the province.

IMMUNIZATION - November 1987 was declared "Immunization Awareness Month." The Department continued with its emphasis on measles elimination and the promotion of the importance of rubella vaccination for women of child bearing age. School based clinics focused on the 14-16 year booster and rubella immunization for 11 year old girls. Health units offered special clinics throughout the month to help heighten the awareness of the importance of immunization in the prevention of unnecessary illness.

DENTAL - April was declared "Dental Health Month" in Nova Scotia. 10,000 plus primary to grade three students participated in this year's dental health month activities which included health fairs, a provincial caption contest and puppet shows. Over 100,000 pieces of promotional material were distributed during the month. Throughout April, radio advertisements reminded and encouraged parents to be attentive to the dental health needs of their children.

"TAKE CHARGE OF YOUR HEALTH" was the theme of the 1987 Canada Health Day activities held each year on May 12th to commemorate the birth of Florence Nightingale. Community Health staff cooperated with their local hospitals, schools and other health agencies in hosting health fairs, displays and open houses designed to make the public more aware of the health services and programs that are operating within their communities.

NUTRITION SERVICES DIVISION

Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nutritionists provide guidance and information to professionals and community agencies as well as directly to the public. Typical activities are the design and execution of workshops, pre-natal and infant feeding classes, pre-retirement planning seminars and regular contact with citizens through use of the media.

The primary program emphasis at this time is maternal and child health. Consequently, nutritionists work routinely with health professionals and voluntary agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liaison is maintained with Day Care Services Section of the Department of Community Services.

The promotion of breastfeeding is a major priority for many nutritionists, who work closely with other health unit staff to offer education and guidance to prospective new parents.

Nutrition Services is a major source of printed nutrition information for professionals and the public. YEAR ONE, FOOD FOR BABY was developed by Nutrition Services and is distributed by community health nurses and nutritionists to parents of all newborns in the province. Health professionals report that motivated parents use YEAR ONE, FOOD FOR BABY daily. AFTER YEAR ONE, A GUIDE FOR PARENTS was developed as a sequel to Year One to help parents develop good food choices in children aged 1-6 years.

Nutrition Services has also developed a resource entitled THE NOVA SCOTIA EATER'S ALMANAC which is a practical guide to nutrition for consumers in Nova Scotia. This resource was distributed for the first time in 1985-86 and has been subsequently reprinted several times because of demand from the public.

The school program continues to change and develop. Community nutritionists actively promote the need for nutrition education among school decision makers. This year, services included teacher workshops, resource lending services (such as films, books), surveys of adolescent eating habits for district school boards and training for school food service. In addition, special summer programs, such as NUTRITION IN THE PARK have been co-ordinated by Nutrition Services in several health units. This program is designed to promote healthy food choices with school-aged children through the use of games, stories and special activities.

Nutrition Services provides a consultative role to the Department of Community Services, Day Care Services. Community nutritionists review menus served in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In 1987-88, nutrition education for senior citizens was a priority program for many community nutritionists. In keeping with this priority, the Senior Chef, a 12-part video education program, was used by three health units with enthusiastic responses in all communities reached.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Sub-Committee on Nutrition, day care centre boards, Women's Health Education Network, The Nova Scotia Heart Foundation and boards and committees of other professional associations at the local, provincial and national levels. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

EPIDEMIOLOGY DIVISION

Communicable disease surveillance, and the formulation of related control policies, continues to be one of the major activities of Epidemiology. Sexually transmitted diseases (STDs), such as gonorrhea, chlamydia trachomatis and, acquired immune deficiency syndrome (AIDS) are maintaining their status as a major public health problem. Fourteen cases of AIDS were reported during the fiscal year of 1987-88, compared to nine cases during 1986-87, bringing the total to 30 cases since January, 1983. In addition, approximately 120 asymptomatic individuals have been reported as testing positive for the AIDS virus (HIV), since the test was made available in November 1985. While the rise in incidence of AIDS is of concern, this trend has previously been observed in other areas where AIDS appeared earlier and is much more prevalent. In fact, the rates appear to be levelling off and Nova Scotia continues to rank a distant fifth when compared to other Canadian provinces. An increasing amount of time is being spent on developing control measures for preventing the spread of AIDS. Participation has increased on various advisory committees - particularly the Nova Scotia Task Force on AIDS which was established in late 1987.

Another area which is a major activity of Epidemiology is surveillance of vaccine-preventable diseases and evaluation of the Department's immunization program. There were no reported outbreaks of vaccine-preventable diseases during 1987-88. Promotion of annual influenza immunization has become increasingly important, especially for high-risk individuals. Despite publicity about "Shanghai flu" during the 1987-88 "flu" season, this province did not experience any major influenza activity.

Epidemiology has maintained a major involvement in non-communicable diseases, particularly cardiovascular disease, cancer, and birth defects. Surveillance for birth defects (congenital anomalies) began in July 1985 when Nova Scotia joined the other Canadian provinces that participate in the Canadian Congenital Anomalies Surveillance System. This information system is co-ordinated nationally by the Laboratory Centre for Disease Control in Ottawa. Epidemiology continues to participate in the Nova Scotia-Saskatchewan Cardiovascular Disease Epidemiology Project, a collaborative endeavour involving federal and provincial health agencies, Statistics Canada and universities. This group is presently initiating a second study of the incidence and case-fatality rates of myocardial infarction in 1981 and 1985 in both provinces. The methods developed in this project will be used for surveillance in the Department's newly created Heart-Health Program announced in March 1988.

DENTAL DIVISION

The Department of Health and Fitness continued operation of the Dental Program during the fiscal year ending March 31, 1988 by rendering treatment and preventive dental services to elementary-aged children and pre-schoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health and Fitness provided preventive dental services aimed at preschool and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral

for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and the community level. This part of the program is being emphasized by the Department due to its impact in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

AMBULANCE SUBSIDY PROGRAM

The Ambulance Advisory Board was established by Order in Council in 1971 to assist the province in the administration of the financial assistance program to ambulance operators. The Board is appointed by, and makes recommendations to, the Minister of Health and Fitness on all aspects of ambulance services in the province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day-to-day management of the Ambulance Subsidy Program.

The Director is responsible for ensuring that all residents of Nova Scotia have reasonable access to ambulance service, using safe vehicles and appropriately qualified personnel. The Director is responsible for negotiating an agreement between the ambulance operators of Nova Scotia and the province on a yearly basis and, subsequently, for administering the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program, which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1987-88 a total of 66,270 calls were subsidized totalling $7,747,803.96; included in these figures are calls which were listed in Accounts Payable and will be paid in the current fiscal year 1987-88. The total calls for 1987-88 represent an increase of 4.3% over the total calls performed in 1986-87. An increase in inter hospital transfers was experienced during the same period amounting to 13.4%.

PUBLIC HEALTH ENGINEERING DIVISION

The Division of Public Health Engineering provides health-related engineering services, both as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The Division includes eight regional public engineers and a specialist public health engineer, who report to the Director of Public Health Engineering. Each region is assigned as near as possible on a workload basis and can cover part of one or more Health Units. Regional public health engineers perform duties as specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting and coordinating the technical plans, policies, procedures and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction and extensions to these projects are reviewed by the public health engineers prior to departmental approval being given.

The Division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the Division.

Educational and instructional activities are a major portion of the work program of the Division. Lectures are given to other health related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the Division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by Division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

RADIATION INSPECTION SECTION

The main effort of staff of this Section is directed towards radiation inspections of hospitals, dental offices, research facilities and industrial premises. Occupational exposure records are maintained and evaluation of radiation risk to workers, hospital or dental patients, and the public continues. In addition, radiation surveillance of the environment continued. Fallout from the Chernobyl incident is virtually non-existent. Radon measurements confirm that it is not a severe problem in Nova Scotia homes. The staff of this Section gave lectures, attended seminars, and met with their federal, provincial, and international counterparts.

PUBLIC HEALTH INSPECTION DIVISION

The functions of the Division of Public Health Inspection are carried out through the seven health units in the province.

Inspectors are located strategically in 27 offices throughout the province, where they are able to provide service and consultation to Boards of Health, municipal bodies, other departments of government (both federal and provincial) and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measures to protect the health of the community, the main duties of the Division are grouped under a number of headings, including: monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas, including: eating establishments, foodshops, pasteurization plants, milk and milk products and bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection staff continue to be very active in the field of public and foodhandler education. Foodhandler education courses were offered to eating and foodshop establishment operators as well as to foodhandlers in hospitals, homes for special care and waitress training schools. In cooperation with the Division of Public Health Engineering, courses for sewage disposal system installers were continued throughout the Province in 1987 with special emphasis placed upon the Technical Guidelines for On-Site Sewage Disposal Systems which are being used as a supplement to the Nova Scotia Regulations Respecting On-Site Sewage Disposal Systems (1985). In-service courses were again conducted throughout 1987 for the Public Health Inspection staff and development officers throughout the various regions as well as a more detailed course for qualified persons outside the Department.

Surveillance of water supplies, including chemical and bacteriological sampling of municipal supplies, schools, tourist establishments, trailer parks and swimming pools, were major concerns, as was the provision of adequate on-site sewage disposal, particularly in areas where soil conditions necessitated larger building lots and more expensive types of disposal systems.

The "Contour Trench" concept of sewage disposal introduced in 1985 so that lot sizes could be reduced is continuing to be very well received by builders and the general public. This concept is now the most acceptable form of sewage disposal and much of the success can be attributed to the licensing of installers by the Boards of Health throughout Nova Scotia.

FITNESS DIVISION

During the fiscal year the Fitness component moved from the Department of Culture, Recreation and Fitness to the Department of Health and Fitness. The goals of the Fitness Division are to ensure that Nova Scotians understand the value and importance of fitness-oriented lifestyles and to encourage and support the adoption of healthy lifestyle practices through the availability of support structures and services. The Division's fitness programs can be categorized as follows: Support Services, Promotion and Co-ordination.

The 1987-88 program highlights were as follows:

SUPPORT SERVICES

LEADERSHIP DEVELOPMENT - A Committee of fitness and lifestyle practitioners from throughout the province was formed to assist the Department with the design and development of a Fitness Leadership Development Program for Nova Scotia. During the months of November and December the Committee conducted a province-wide consultation process with the fitness community to seek reaction to the proposed program. Subsequently, a report including recommendations was prepared and submitted to the Minister of Health and Fitness by the end of the fiscal period.

CONSULTATION/ADVISORY ASSISTANCE - The Fitness Consultant is often asked for advisory assistance on a wide range of fitness-related issues. Of particular significance is the growing number of companies seeking advice regarding fitness and health promotion programming in the workplace.

PROMOTION

SPECIAL PROJECTS - Canada's Fitweek is an annual national campaign designed to promote fitness through increased awareness and participation in Fitweek events. In 1987 there were 341 Fitweek events in Nova Scotia, involving an estimated 224,000 people in 203 communities. One of the events which takes place during Fitweek is the Participaction Challenge, such as, one community challenges another for the highest percentage of residents participating in fifteen minutes of physical activity during the day of the event. It is interesting to note the participation rate in Nova Scotia exceeded the national average and the Town of Berwick had the highest participation rate in Canada (95.97%).

RESOURCE MATERIALS - The Division frequently receives requests for fitness resource materials from fitness and health practitioners as well as the general public.

CO-ORDINATION

FEDERAL/PROVINCIAL - On June 4, 1987 the Provincial and Federal Ministers responsible for fitness formally agreed upon a Federal/Provincial co-ordinating mechanism for fitness. The co-ordinating mechanism is designed to optimize the efforts of both levels of Government to promote fitness. An annual fitness planning process and subsequent Federal/Provincial activity workplans are co-ordinated by a Federal/Provincial committee.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1988 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous 12-month period ended March 31, 1987. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the Department for approved services and equipment in hospitals totalled $607,459,752 in 1987-88, an increase of 6.0% over the previous period, including new and expanded programs. The increase for 1987-88 was only slightly higher than the 5.8% increase in 1986-87.

The amount of $15,399,183 for construction grants is significantly higher than the amount spent in 1986/87. During the fiscal year 1987-88, major projects were carried out at St. Martha's (Antigonish), South Shore Regional (Bridgewater), Digby General and Guysborough Memorial Hospitals.

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The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are all costs for the Community Health Services Division. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $44,325,576 in 1987-88, an increase of 14.9% over the previous year. Generally, this increase is accounted for by the effects of higher outlays for out of province hospital claims and the ambulance subsidy program.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $645,423,067 for the fiscal year ended March 31, 1988. The major causes of the 8.2% rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements, and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the Department from the sale of birth, death, and marriage certificates.

The Division of Finance continued to be responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown. The 12.5% decrease in the amount recovered for 1987-88 is indicative of the lower average value of the larger number of claims settled during the year, which increased from 2,475 in 1986-87 to 2,615 in 1987-88.

FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1988 AND MARCH 31, 1987

	March 31 1988	March 31 1987	% (Dec.)
HOSPITAL SERVICES			
General Hospital Service	$552,040,181.	$519,670,379.	6.2
Psychiatric Services	44,072,622.	42,583,384.	3.5
Capital Equipment	11,346,949.	10,794,985.	5.1
	$607,459,752.	$573,048,748.	6.0
HOSPITAL CONSTRUCTION			
Capital Debt Assistance	$4,071,528.	$4,756,413.	(14.4)
Construction Grants	15,399,183.	4,322,930.	256.2
	$19,470,711.	$9,079,343.	114.5
HEALTH ADMINISTRATION & PROGRAMS			
Administration	$17,154,747.	$14,711,060.	16.6
Community Health	27,152,331.	23,850,262.	13.8
Capital Equipment	18,498.	33,466.	(44.7)
	$44,325,576.	$38,594,788.	14.8
TOTAL EXPENDITURES	$671,256,039.	$620,722,879.	8.1
Deduct			
Out-of-Province Recoveries	$24,552,796.	$22,522,002.	9.0
Third Party Liability Claims	1,280,176.	1,462,423.	(12.5)
	$25,832,972.	$23,984,425.	7.7
Net Expenditures	$645,423,067.	$596,738,454.	8.2
REVENUE			
Vital Statistics	$490,352.	$399,561.	22.7
V.G. Hospital	0.	973,973.	N/A.
	$490,352.	$1,373,534.	(64.3)

THIRD PARTY LIABILITY RECOVERIES
FOR THE TWELVE MONTH PERIODS
ENDED MARCH 31, 1988 AND MARCH 31, 1987

	March 31 1988	March 31 1987
Files carried open as of April 1	2,290	2,177
New files opened during the year	2,758	2,588
Total files under examination and negotiation	5,048	4,765
Files closed during the year	2,615	2,475
Files remaining open as of March 31	2,433	2,290
Breakdown Of Recoveries		
Hospital Claims	$1,091,175.	$1,277,971.
Medical Claims	189,001	184,452.
TOTAL RECOVERIES	$1,280,176.	$1,462,423.

INFORMATION SYSTEMS AND RESEARCH DIVISION

The Systems and Research Division provides several different technical and specialist services to the other Divisions of the Department and for the health community in general. The major activities and accomplishments of each section during 1987-88 are as follows:

PROGRAM PLANNING

The Strategic Plan prepared in 1986-87 was updated in 1987-88 to include possible actions that could be taken, if budgeted, to implement the priorities outlined. The number one priority continues to be to increase the emphasis placed on preventative measures to improve the long-term health status of Nova Scotians.

HEALTH MANPOWER PLANNING

The health manpower section is responsible for the planning and monitoring of human health resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, with a view to developing more comprehensive provincial health manpower policies to correct any perceived resource imbalances.

As part of a national regional project on rehabilitation manpower planning, Nova Scotia has completed phase three of a needs assessment exercise. Current enrollment levels are now being examined in light of perceived Atlantic Regional requirements. A survey of the need for Dental Hygienists in the province was conducted and a regional review of the needs for hospital and retail Pharmacists was begun. The preliminary planning for a new committee on health professional licensure is also underway.

A comprehensive provincial review of the supply and demand for physician manpower to the year 2000 was initiated and is slated for completion early in 1989. The principal thrust of the review will be to examine the professional and geographic distribution of physician manpower resources.

CATEGORY	1988	1987	% Change
Physicians	1,582	1,623	2.6
Dentists	365	376	3.0
Certified Nursing Assistants	3,360	3,388	0.8
Registered Nurses	9,418	9,570	1.6
Physiotherapists	254	262	3.1
Pharmacists	610	648	6.2

PROGRAM EVALUATION AND RESEARCH

The Co-ordinator of Research and Evaluation is responsible for developing and implementing evaluation and research projects throughout the Department. This section works closely with health professionals in the Department and the academic community. In the fiscal year 1987-88 the following projects were in progress:

Occupational Therapy

The evaluation study of occupational therapy service was implemented in 14 hospital sites throughout the province. The project was funded by the National Health Research and Development Program (NHRDP) and will continue into the fiscal year 1988-89.

Quality Assurance

A review of the quality of care literature was completed and two applications were subsequently submitted to NHRDP. The purpose of the first request is to develop and implement a survey of quality assurance programs in Nova Scotia. The second request is to conduct a workshop to address the methodological issues in evaluating hospital based quality assurance programs.

Gastro-Intestinal Group

The GI bleed and Jaundice studies were implemented using a pre-test/post-test comparison group design. Results will be available early in 1988-89.

t-PA

A study was developed to determine the effect of t-PA (a new thrombolytic agent effective in the treatment of myocardial infarctions) on patient outcome and the health care system.

Partial Hospitalization Study

The report of the pilot project conducted at Valley Health Services Association was submitted to the Department.

Pre-natal Smoking Intervention Program

Assistance has been provided to the Atlantic Health Unit in developing and implementing the evaluation of their Pre-natal Smoking Intervention Program.

DEPARTMENTAL COMPUTER SYSTEMS

This section plans and coordinates new systems development for the Department and provides end-user training and support for all internal microcomputer and minicomputer applications.

Major planning activities included updating the Long Range Systems Plan and conducting a Word Processing Requirements Study. As a result of these efforts the following significant actions were taken:

- **A detailed proposal was prepared, submitted and approved for a mid-size minicomputer to be networked with the Department of Government Services mainframe. Implementation will occur in 1988.**
- **A Desktop Publishing System was approved and will be implemented in 1988.**
- **Additional microcomputers were acquired for four Divisions**
- **Preliminary design work was started for a mainframe system to computerize the out-of-province patient billing processes.**

In addition to developing numerous microcomputer software applications, extensive development work continued on the MAI minicomputer in the Finance Division. The hardware itself was expanded with more memory and disk storage. The Finance Division now transfers some data directly to the HP3000 computer in the Department of Finance. The process of rewriting the hospital budgeting and reporting software to conform to the new national hospital MIS Guidelines was started, and a final settlements module was written.

In the mainframe systems area, the Day Surgery System was turned over to production. The Demographics Database System was completed by the Department of Government Services and at year-end the data files were being loaded to allow implementation in 1988.

HEALTH CARE STATISTICS

This section is responsible for the collection, computerization, maintenance and distribution of health care information.

This information is divided into three main categories: Community Health data (nurses and inspectors activities); Psychiatric Services (in-patient and out-patient data), and acute care hospital data (in-patient abstracts and Day Surgery data).

The Community Health data was supplied to the ISR Division in automated form (i.e. diskettes). The total number of records processed was 483,000.

The acute care hospitals sent 165,000 patient separation forms to the Department and there were 128,000 psychiatric out-patient visits during the 1987-88 year. Day Surgery statistics are provided through HMRI and are not available until late in the year.

These data were heavily used as more than 300 ad hoc requests were processed, and the number of reports sent to hospitals increased over last year to just under 4000.

HEALTH RECORDS CONSULTING

Regular review and assessment of Admitting and Medical Records activities continued throughout the year. Visits were made to over half of the hospitals with emphasis on those under planning and construction of new facilities. Evaluation of the central registration function for Colchester Hospital was completed and assistance in planning this concept for St. Martha's and South Shore Regional Hospitals was carried out.

Reports were designed from the out-patient data sample previously done in March, 1987, and reports were sent to all hospitals in the province. These data have been used to analyze patient visits by municipality; to assess drug usage by out-patient departments; to aid in planning for emergency departments in the metro area, and as a workload indicator in assessing registration activities in regional hospitals.

A computer program was designed to compare the top 50 Day Surgery procedures from HMRI Canadian hospitals with Nova Scotia hospitals and some work was done on combining the in-patient surgery with these reports.

Two workshops on continuing education were held for health record personnel in the province and seminars were conducted both in Newfoundland and New Brunswick on Workload Measurement for Health Records.

HOSPITAL COMPUTER SYSTEMS

The primary activities of this section were the provision of systems consulting to health institutions, and the co-ordination of computer hardware and software installations and software support services for these institutions. Support for Financial Systems continued to be supplied by local private vendors under a provincial contract, while a group operating out of the Halifax Infirmary provided support for the provincially licensed Patient Administration software for the sixteen hospitals using it.

In 1987-88 three additional hospitals were given approvals to purchase multi-user computers for Financial applications, bringing the total to thirty-one. Many more were granted upgrades to their existing equipment to add applications.

The province continued to promote shared resources between hospitals. Approval was granted for the Grace Maternity Hospital and the Izaak Walton Killam Hospital to proceed with the selection of a shared full-function Patient Information System. Approval was also given for the Camp Hill Medical Centre to proceed with the design of a Data Centre to be located in the Abbie Lane Building. This Data Centre, to be operated under a Facilities Management contract, will provide Patient Information System services to the Victoria General Hospital, the Halifax Infirmary Hospital, and the Camp Hill Hospital beginning in the Fall of 1988.

This year, to strengthen the communication between hospital management and the Department with respect to information systems, the Information Systems Advisory Committee (ISAC) was established. It meets to advise the Department on long range planning and strategic priorities for systems in hospitals.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, to provide vital statistical data from the records filed under this Statute as the need arises, and assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 538 copies of order for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registration of adoptions numbered 482.

Notations completed on records during the year totalled 1,704, of these 726 were charged fees, legitimations completed totalled 303.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 3,131 queries from the office.

Letters received by the Division totalled 42,337 with outgoing letters totalling 42,080 letters of query.

Changes of name completed under the Change of Name Act totalled 357 for the year, with 212 duplicate certificates of Change of Name being issued.

Clergymen of all denominations newly registered under the Solemnization of Marriage Act to perform marriages in the province totalled 269. Clergymen whose names were removed from the Clergymen's Register during the year number 134.

Number of counter applications used was 18,820.

Delayed registrations of birth, being registrations completed more than one year following the date of birth, were completed and filed for 430 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,865
Deaths	8,068
Stillbirths	95
Marriages	6,614

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

1987	
Type of Certificate	**Total**
All Certificates	44,799
Birth (Short Form)	30
Birth (Long Form)	2,359
Birth (Wallet-Size)	35,075
Death (Short Form)	2,090
Death (Long Form)	335
Marriage (Short Form)	18
Marriage (Long Form)	4
Marriage (Wallet-Size)	1,687
Photocopies	3,201

Searches of records for which a count was maintained totalled 47,563. Many hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Because tabulations of details from the records of vital occurrences for the year 1987 cannot be completed until after this report will have to be printed, specific causes of death and other detailed data cannot be included here. Such details will be available at a later date directly from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, B3J 2M9, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1987/88 the Department added a net of one position to the establishment with an estimated cost increase of $30,999 (See Tables 1 and 2). There were 42 approved vacancies in 1987/88 compared to 74 in 1986/87. The major reason for the large decrease in approved vacancies was due to a settling down after the Early Retirement Incentive Program of 1986/87. During the year, 81 people were appointed on a casual basis to replace staff for reasons such as maternity leave and fill-ins for vacant positions for periods of time. This is an increase of 22 from the previous year.

The Department, in cooperation with the Civil Service Commission, provided 47 employees with short course training in such areas as pre-retirement planning, supervisory techniques and developmental courses for secretarial staff.

Four employees retired from the Department of Health and Fitness during the year with an average of 21 years of service per employee. They were:

Genevieve Gillis	-	*Community Nutritionist* *Cape Breton Health Unit*
Marjorie Henderson	-	*Community Health Nurse* *Northumberland Health Unit*
Margaret Murphy	-	*Secretary* *Deputy Minister's Office*
Sarah Turner	-	*Clerk* *Atlantic Health Unit*

TABLE 1
ESTABLISHED POSITIONS

	March 31/87	March 31/88
Field CHN's and CNA's	202	202
Inspectors	67	67
Engineers	9	9
Dentists	3	2
Dental Assistants	2	1
Dental Hygienists	23	23
Nutritionists	8	7
Clerical	145	147
Consultants Technical and Administration	85	86
Maintenance	0	1
TOTAL	3544	545

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1, 1987 - March 31, 1988

	POSITIONS		ESTIMATED	
	Added	Deleted	Added	Deleted
Medical Staff (MS,DPP)	1	1	$84,773.	$55,929.
Professional Management (MCP,OIC)	0	0	0.	0.
Professional & Technical (PR, TE, HSB)	0	0	0.	0.
Clerical (CL)	2	0	$39,063.	0.
Nursing (HSN, HSA)	0	0	0.	0.
Inspection (TE)	0	0	0.	0.
Nutrition (PR)	1	2	$35,805.	$71,610.
Dental (TE, HSB)	0	1	0.	$21,676.
Maintenance (MOS)	1	0	$20,573.	0.
TOTAL	5	4	$180,214.	$149,215.
NET ADDED	1	0.	$30,999.	

TABLE 3
VACANCIES

	April 1, 1988 to March 31, 1987	April 1, 1987 to March 31, 1988
Consultants, Technical and Administration	13	7
Training Positions	1	0
Nursing	31	10
Engineering (Inspection)	8	1
Dental	1	2
Nutrition	2	1
Clerical	18	21
TOTAL	74	42

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/86 to Mar 31/87	April 1/87 to Mar 31/88	April 1/86 to Mar 31/87	April 1/87 to Mar 31/88
Deputy Minister's Office (including Personnel Division and H.S.I.C.)	2	5	0	7
Health Care Institutions	2	1	1	0
Finance Division	4	4	3	5
Information Systems and Research	4	1	2	1
Psychiatric Division	0	1	0	1
Community Health Administration (Central Office and Health Units)	6	5	8	3
Nursing Services	22	8	19	3
Engineering Division (Engineers and Inspectors and Occupational Health)	5	1	1	1
Dental Division	0	1	5	2
Nutrition Services	0	1	1	1
Vital Statistics	5	7	5	4
TOTALS	50	35	45	28

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health and Fitness since October, 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health and Fitness on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), hospital operation and Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health and Fitness. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts and other documentation for consideration by the Executive Council, Policy Board and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital and the Nova Scotia Hospital.